Outreach Staff Self-Assessment Tool

Since what date have you been an outreach worker with this agency? _____ (month) ____ (year)

Directions: For questions 1-24, please select a rating from 1 to 5, or select NA if a question does not apply to you.

| | Perce | ived Comfo | rt | | | |
|--|------------------------|------------|----------------------|---|------------------|----------------|
| How comfortable do you feel | Not at all comfortable | | Somewhat comfortable | | Very comfortable | Not applicable |
| 1. conducting outreach activities (e.g., health education at community events, health fairs, street outreach etc.)? | 1 | 2 | 3 | 4 | 5 | NA |
| 2. with the content of the health education presentations you are providing? | 1 | 2 | 3 | 4 | 5 | NA |
| 3. creating a safe environment that allows youth to take part in discussions? | 1 | 2 | 3 | 4 | 5 | NA |
| 4. with confidentiality and protecting private information that youth may disclose? | 1 | 2 | 3 | 4 | 5 | NA |
| 5. addressing controversial or sensitive topics that youth may talk about? | 1 | 2 | 3 | 4 | 5 | NA |
| 6. providing one-on-one risk assessment/counseling that may lead to a referral for clinical services? | 1 | 2 | 3 | 4 | 5 | NA |
| 7. providing referrals to clinical services? | 1 | 2 | 3 | 4 | 5 | NA |
| 8. developing teen pregnancy prevention flyers/brochures for community awareness and mobilization (e.g., community events, advocacy or media presentations). | 1 | 2 | 3 | 4 | 5 | NA |
| | Perceive | d Prepared | ness | | | |
| How prepared do you feel | Not at all prepared | | Somewhat prepared | | Very prepared | Not applicable |
| 9. conducting outreach activities (e.g., health education at community events, health fairs, street outreach etc.)? | 1 | 2 | 3 | 4 | 5 | NA |
| 10. with the content of the health education presentations you are providing? | 1 | 2 | 3 | 4 | 5 | NA |
| 11. creating a safe environment that allows youth to take part in discussions? | 1 | 2 | 3 | 4 | 5 | NA |
| 12. with confidentiality and protecting private information that youth may disclose? | 1 | 2 | 3 | 4 | 5 | NA |

| Perceived Preparedness (Cont.) | | | | | | | |
|---|---------------------|----------------|-------------------|---|--------------------|----------------|--|
| How prepared do you feel | Not at all prepared | i cpui cuiicss | Somewhat prepared | | Very prepared | Not applicable | |
| 13. addressing controversial or sensitive topics that youth may talk about? | 1 | 2 | 3 | 4 | 5 | NA | |
| 14. providing one-on-one risk assessment/counseling that may lead to a referral for clinical services? | 1 | 2 | 3 | 4 | 5 | NA | |
| 15. providing referrals to clinical services? | 1 | 2 | 3 | 4 | 5 | NA | |
| 16. developing teen pregnancy prevention flyers/brochures for community awareness and mobilization (e.g., community events, advocacy or media presentations). | 1 | 2 | 3 | 4 | 5 | NA | |
| Perceived Adequacy of Training | | | | | | | |
| How adequate is the training you receive for | Not at all adequate | | Somewhat adequate | | More than adequate | Not applicable | |
| 17. conducting outreach activities (e.g., health education at community events, health fairs, street outreach etc.)? | 1 | 2 | 3 | 4 | 5 | NA | |
| 18. with the content of the health education presentations you are providing? | 1 | 2 | 3 | 4 | 5 | NA | |
| 19. creating a safe environment that allows youth to take part in discussions? | 1 | 2 | 3 | 4 | 5 | NA | |
| 20. with confidentiality and protecting private information that youth may disclose? | 1 | 2 | 3 | 4 | 5 | NA | |
| 21. addressing controversial or sensitive topics that youth may talk about? | 1 | 2 | 3 | 4 | 5 | NA | |
| 22. providing one-on-one risk assessment/counseling that may lead to a referral for clinical services? | 1 | 2 | 3 | 4 | 5 | NA | |
| 23. providing referrals to clinical services? | 1 | 2 | 3 | 4 | 5 | NA | |
| 24. developing teen pregnancy prevention flyers/brochures for community awareness and mobilization (e.g., community events, advocacy or media presentations). | 1 | 2 | 3 | 4 | 5 | NA | |

Directions: For questions 25-31, please select a rating from 1-4 to rate your need for additional training. Select NA if a question does not apply to you. Your answers will help your agency plan for future training opportunities.

| Group Facilitation Skills: Training Needs | | | | | | | |
|---|---------------------|---|---|-------------------|----------------|--|--|
| I could benefit from training in the following skill area (s): | Very little need | | | Very high need | Not applicable | | |
| 25. Communication skills (e.g., active listening, verbal/non-verbal skills, conflict negotiation, etc.). | 1 | 2 | 3 | 4 | N/A | | |
| 26. Problem solving skills (e.g., dealing with client resistance, helping clients access services, and overcoming barriers to seeking services, etc.) | 1 | 2 | 3 | 4 | N/A | | |
| 27. Functioning effectively as an outreach worker (e.g., creating a safe environment, establishing ground rules, connecting with youth). | 1 | 2 | 3 | 4 | N/A | | |
| 28. Providing risk assessment/counseling. | 1 | 2 | 3 | 4 | N/A | | |
| 29. Conducting outreach activities (e.g., health education at community events, health fairs, street outreach etc.)? | 1 | 2 | 3 | 4 | N/A | | |
| 30. Ways to gain credibility, visibility or acceptance when providing outreach activities. | 1 | 2 | 3 | 4 | N/A | | |
| 31. Recognizing and handling sensitive issues and questions (e.g., confidentiality of disclosures, protecting private information). | 1 | 2 | 3 | 4 | N/A | | |

32. Please identify one or two ways that additional training could enhance your outreach and referral activities with the population that you serve (e.g., specific professional development opportunities that would be helpful).

33. Please identify one or two ways that additional support could enhance your outreach and referral activities with the population that you serve (e.g., more frequent program staff meetings in which outreach staff can share their experiences, solutions to problems, etc. with one another).